Name in Full: Miss Ida Baker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Martins Station — County: Worcester

Date of death 1904 — Month: 8 — Day: 6 — Age — Years: 30 — Months: Aug — Days:

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Wm Baker — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: And 10 months

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Atkinson

Address: Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU A8948

Name in Full

Viola Bunting

Certificate of Death

Died at Town: Ocean City County: Worcester Co MARYLAND

Date 1904 Month: Aug Day: 14 | Age Y. 7 M. 27 D. | Native of Maryland | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Jos Bunting

Mother's Maiden Name: Priscilla Fisher

Cause of Death: Primary

Immediate: Ptomaine Poisoning

How long sick: 12 hrs

Accident, Suicide, Homicide

Reported by: Dr. J. A. Luetscher

Address: Ocean City Md

175

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894

Name in Full: Arnedia Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton — County: Worcester

Date of death: Month: 8 — Day: 9 — Years: 1904 — Age: Months: 8 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Stockton

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lea Collins — Father's Birthplace: Virginia

Mother's Maiden Name: Sarah Rody — Mother's Birthplace: Stockton

Name of person giving Information: Lea Collins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colony Infantile — How long: 6 weeks

Immediate: 105 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Emma Dickerson — Address: Stockton

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Levi J. Collicks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill — County: Worcester

Date of death 1904 — Month: Aug — Day: 2. — Age: Years: 80 — Months — Days

Sex: Female Male — Color or Race: Colored — Birthplace: Md.

Occupation — Where Residing if not at place of death: Snowhill

Married, Single or Widowed: Married — Name of Wife or Husband: Levi Collicks

Father's Name: Ellis Collicks — Father's Birthplace: unknown

Mother's Maiden Name: Annie Gorman — Mother's Birthplace: Md.

Name of person giving information: Thos. White — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 year

Immediate: Old age — How long: 2 Months 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Worcester

Signature of Physician: Dr. Chas. P. Jones

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A88818

Name in Full: Jane Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wheatleyville — County: Worcester

Date of death: Month: Aug — Day: 1 — Year: 1904 — Age: Years: 77 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House work — Where Residing if not at place of death: At Thos Daughtrys

Married, Single or Widowed: widdow — Name of ~~Wife~~ or Husband: William Davis

Father's Name: Braithwaite Burns — Father's Birthplace: Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Md

Name of person giving Imformation: Deinter watson — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 12 months

Immediate: No — How long: 12 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: —

Address: Timothy Bayne, Berlin Worcester Co Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Florence R. Dickerson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Auburn Dist. | County: Worcester

Date of death: Month: Aug. | Day: 21 | Years: Age 18 | Months: — | Days: —

Sex: Female | Color or Race: Colored | Birthplace: Md

Occupation | Where Residing if not at place of death: Md

Married, Single or Widowed: Single | Name of Wife or Husband: None

Father's Name: Henry Dickerson | Father's Birthplace: Md

Mother's Maiden Name: Sarah Dickerson | Mother's Birthplace: Md

Name of person giving In formation: Sarah Dickerson | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption | How long: 2 months

Immediate | How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Worcester

Accident or Suicide? County

Signature of Physician: Dr. Paul Jones.

Address: Snowhill Maryland

LIBRARY BUREAU A88616

Name in Full: Carrie Dirickson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: Month: Aug — Day: 7 — Year: 1904 — Age: Years: — Months: 4 — Days: —

Sex: Female — Color or Race: Blk — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Isaiah Dirickson — Father's Birthplace: Worcester

Mother's Maiden Name: Lillie Smack — Mother's Birthplace: "

Name of person giving Information: Mag Smack — How related to deceased: G. Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown — How long: 4 Hrs

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm

Address: —

Accident or Suicide? —

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LIBRARY BUREAU A88513

Name in Full: John Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton; County: Worcester

Date of death 1904: Month: August; Day: 30; Age: Years: 74; Months: 5; Days: 19

Sex: Male; Color or Race: Colored; Birthplace:

Occupation: Farmer; Where Residing if not at place of death: Stockton

Married, ~~Single~~ or ~~Widowed~~; Name of Wife ~~or Husband~~: Patsy

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ezekiel Fisher; Father's Birthplace: Md

Mother's Maiden Name: Mana Fisher; Mother's Birthplace: Md

Name of person giving Information: Edward Handy; How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure; How long: 2 months

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Gossett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bishopsville — County: Worcester

Date of death: Month: Aug — Day: 2 — Years: Age — Months: 6 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: at home

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Charles Jarrett — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Jane — Mother's Birthplace: Do

Name of person giving Information: Tom Moore Col — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

Eligamate Child

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowell Trouble — How long: 3 months

Immediate: No — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None

Address: T Royce Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU A68616

Name Ebop Handcock

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Snow Hill County: Worcester

Date of death 1901: Month: Aug Day: 8 Age: Years: 62 Months: Days:

Sex: Male Color or Race: White Birthplace: Md

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Mary Handcock

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Louis Handcock How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer How long: Several years

Immediate: Asthema How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W J Hearne MD

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Gardner Madder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishopsville County: Worcester

Date of death: 1904 Month: August Day: 6

Age: Years: Months: 4 Days: 8

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: At Home

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: George W Madder

Father's Birthplace: Maryland

Mother's Maiden Name: Maggie Grigle

Mother's Birthplace: Delaware

Name of person giving Information: Lewis Watson

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: William T. Hayward.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snow Hill — County: Worcester

Date of death 1904 — Month: Aug — Day: 6th

Age — Years: 12 — Months: — — Days: 26

Sex: Male — Color or Race: colored. — Birthplace: Snow Hill

Occupation: — Where Residing if not at place of death: Snow Hill

Married, Single or Widowed: Single — Name of Wife or Husband: William S. Hayward.

Father's Name: William S. Hayward — Father's Birthplace: Snow Hill

Mother's Maiden Name: Caroline Hayward — Mother's Birthplace: Snow Hill

Name of person giving Information: William S Hayward — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 3 weeks

Immediate: Colon Flexion — How long: 4 Days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Paul Jones.

Address: Snow Hill

Accident or Suicide? County — Maryland

LIBRARY BUREAU A66816

Name in Full: John Madrow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bishopsville — County: Worcester

Date of death: Month: Aug — Day: 4 — 1904

Age: Years: 56 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Worcester Co Md

Occupation: Farmer — Where Residing if not at place of death: At Home

Married, Single or Widowed: Married — Name of Wife or Husband: Angeline Brittingford

Father's Name: William Madrow — Father's Birthplace: Del

Mother's Maiden Name: Mary Lebates — Mother's Birthplace: Del

Name of person giving Imformation: Perrintus Watson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 5 Months

Immediate: No — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: Bishopsville Md

T Bayne Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charlotte Jacobs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Snowville (Town) — Wor (County)

Date of death: 1904 — Month: 8 — Day: 31

Age: Years: 35 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: House wife — Where Residing if not at place of death: at Home.

Married, Single or Widowed — Name of Wife or Husband: Charlotte Jacobs

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Pussey Holland — Mother's Birthplace: Md

Name of person giving Information: Mingo Showell. — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumpton — How long: One year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Doctor

Address:

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Died at Town Kly Grange County Mercer MARYLAND

Date 19 04 Month 8 Day 6 | Age Y. 0 M. 0 D. 1 | Native of Md | Occupation ——

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name Alexander Justice | Mother's Maiden Name Ida. Jones

Cause of Death: Primary Both dead 8 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Ephraim Hillman

Address acton Corner, [redacted] Justice of the Peace Kly Grange Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Snowhill — County: Worcester

Date of death 1904 — Month: Aug — Day: 12.

Age — Years: — Months: 2 months — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Snowhill

Occupation: — Where Residing if not at place of death: Snowhill

Married, Single or Widowed: Single — Name of Wife or Husband: James Johnson

Father's Name: James Johnson — Father's Birthplace: Snowhill

Mother's Maiden Name: Katie Massey — Mother's Birthplace: Snowhill

Name of person giving information: Katie Massey — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: New Rales — How long: 6 weeks

Immediate: At the Heart — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Worcester

Signature of Physician: Dr Paul Jones

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A88816

Name in Full: Lewel Jones Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylorsville; County: Worcester

Date of death: Month: Aug; Day: 18; 1904

Age: Years: ; Months: 6; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or ~~Widowed~~:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Albert J Guillin

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis

How long: 6 Months

Immediate: " "

How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edwin J Dirickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Viola Kinsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death 190 4: Month: Aug; Day: 9; Age: Years: 18; Months: 2; Days:

Sex: female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Capt Chas L Kinsey; Father's Birthplace: Md

Mother's Maiden Name: Nettie Melson; Mother's Birthplace: Md

Name of person giving information: Chas L Kinsey; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble; How long: 6 months

Immediate: Dropsy & Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A20510

Name in Full: Sarah J. Maddox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roanoke City — County: Worcester

Date of death: Month: Aug — Day: 18 — Years: 73 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Somerset Co Md

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Marshall McDaniel — Father's Birthplace: Somerset Co

Mother's Maiden Name: Don't Know — Mother's Birthplace:

Name of person giving Imformation: Millard L Hearn — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma-Axilla, Cancer of Abdomen — How long: 18 Months

Immediate: Monoplegia Right Arm & Convulsions — How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Lee Hearn

Address: Roanoke City, Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Carrie A E Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Berlin — County: Worcester

Date of death: 1904 Month: Aug. Day: 25 — Years: Age 24 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Allegany Co

Occupation: none — Where Residing if not at place of death: near Berlin

Married, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: Geo Morris — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long 1 year.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

~~Coroner's~~ Solicitor's

LIBRARY BUREAU A66816

Name in Full: Josie Williams Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City — County: Worcester

Date of death: 1904 — Month: Aug — Day: 9

Age — Years: — Months: 1 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Pocomoke City

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Thomas Mason — Father's Birthplace: Pocomoke

Mother's Maiden Name: Alice Flowers Gibbons — Mother's Birthplace: Md or Pocomoke

Name of person giving Imformation: Ella T. Gibbons — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 5 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Maude Mervis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pocomoke city — County: Worcester

Date of death	Month	Day	Years	Months	Days
1904	Aug	30	Age 21	11	

Sex: Female — Color or Race: White — Birthplace: Worcester Co

Occupation: Domestic — Where Residing if not at place of death: Near Pocomoke city

Married, Single or Widowed: single — Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Fillmon Mervis	Father's Birthplace	Worcester Co
Mother's Maiden Name	Lizzie Clarke	Mother's Birthplace	" "
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 6 months

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Sayd I Owens

Address: Pocomoke city Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Nancy Pitts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Delbyville; County: Worcester

Date of death: 1904 Month: Aug Day: 4

Age: Years: 80 Months: Days:

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Occupation: House work

Where Residing if not at place of death: At Home

Married, Single or Widowed: Widdow

Name of Wife or Husband: Jacob Pitts

Father's Name: Amos Purnell

Father's Birthplace: Maryland

Mother's Maiden Name: Henny Purnell

Mother's Birthplace: Unknown

Name of person giving Information: Minister Watson

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 2 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R P Collins

Address: Bishopsville Md.

Accident or Suicide? Natural

P Bayou Bishopsville Md

LIBRARY BUREAU A883-16

Name in Full: Adella Robbins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County:

Date of death: Month: Aug — Day: 29 — 1904

Age: Years: 23 — Months: — Days: —

Sex:

Color or Race:

Birthplace:

Occupation: House Girl

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: Gorgler Robbins

Mother's Birthplace: Worcester

Name of person giving Information: Ariel Robbins

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption

How long: Nearly year

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. P. Henry

Address: Berlin Md

Accident or Suicide: X

LIBRARY BUREAU A88816

Name in Full: Mrs Elizabeth Russell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill — County: Worcester

Date of death 190	Month	Day	Years	Months	Days
	Aug	11	Age 85	—	—

Sex	Color or Race	Birthplace
Female	White	Md.

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Harriet P. Russell

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A20516

Name in Full: Rozier Delbey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death 1904: Month: May; Day: 10; Age: Years: 68; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Stockton, Md.

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Jane Delbey

Father's Name: Dont Know; Father's Birthplace: —

Mother's Maiden Name: Dont Know; Mother's Birthplace: —

Name of person giving Imformation: William H. Gunby; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia; How long: 24 hours

Immediate: —; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Lyra T. Smack

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edendown — County: Worcester

Date of death 1904: Month: Aug — Day: 11 — Years: Age 34 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife ~~or Husband~~: Maggie Smack

Father's Name: Edgar Smack — Father's Birthplace: Md

Mother's Maiden Name: Hannah Smack — Mother's Birthplace: Md.

Name of person giving Information: C. H. Smack — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Consumption — How long: 6 Months.

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W. H. Evans

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full

Certificate of Death

Mary E Sheddan

Died at Town Adamsville County Jefferson MARYLAND

Date 1904 Month Aug Day 16 | Age Y. 46 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living /

Husband of Wife R. H. Sheddan

Father's Name Theodore Born | Mother's Maiden Name M

Cause of Death: Primary Acute indigestion | How long sick two days

Immediate Heart-failure

Accident, Suicide, Homicide

Reported by Daniel Trimble

Address Pecan City Ark

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Francis Townsend Nash.

Penn City

Name in Full: Shorlott Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Negro Pen (Town) — Worcester (County) — MARYLAND

Date of death: Month: Aug — Day: 27 — 1904

Age: Years: 53 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~: Shorlott Spence

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Shorlott Harvey — Mother's Birthplace: Maryland

Name of person giving Information: Shorlott Warren — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: 179 — How long: —

Are the name, age, sex, color, date and place correctly given above? No Dr in attendance

Signature of Physician: —

Address: —

Accident or Suicide? — le J Evans & Son undertakers

LIBRARY BUREAU A88818

Name in Full: Preston Tingle

CERTIFICATE OF DEATH

MARYLAND

Died at: Whaleyville (Town) Worcester (County)

Date of death: 1904 Month: Aug Day: 14

Age: Years — Months — Days 36

Sex: Male Color or Race: Blk Birthplace:

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Charles Tingle Father's Birthplace: Worcester

Mother's Maiden Name: Jane " Mother's Birthplace: "

Name of person giving information: Charles Tingle How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Liver Trouble How long: 4 Days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Lyndell

Address: Whaleyville

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Hilliard Dennis Todd.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Snow Hill — County:

Date of death 190 — Month: August — Day: 1

Age — Years: — Months: 4 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — —

Occupation: —

Name of Wife or Husband:

Father's Name: William Todd — Father's Birthplace: Virginia

Mother's Maiden Name: Sallie Purnell — Mother's Birthplace: Maryland

Name of person giving Information: Mrs. Richard Thiese — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro-Colitis — How long: Two Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. D. Haughton M.D.

Address: Snow Hill. Md.

Accident or Suicide? —

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LIBRARY BUREAU A6081S

Name in Full: George Whaley

CERTIFICATE OF DEATH

Died at: Taylorville — Town: [illegible] — County: Worcester — MARYLAND

Date of death 190 H — Month: Aug — Day: 26 — Age: Years: — Months: 11 — Days:

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

~~Married~~ ~~Widowed~~ Single — Name of Wife or Husband:

Father's Name: Wright Pitts — Father's Birthplace: Maryland

Mother's Maiden Name: Minnie Whaley — Mother's Birthplace: Maryland

Name of person giving Information: Daniel Whaley — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas Directon M.D.

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full James A Wise

CERTIFICATE OF DE

MARYLAND

Died at (Town) Berlin (County) Worcester

Date of death 1904 Month Aug. Day 28 Age Years 88 Months Days

Sex Male Color or Race White Birthplace

Married, Single or Widowed Occupation Undertaker

Name of Wife or Husband —

Father's Name Edward Wise Father's Birthplace Va

Mother's Maiden Name Mother's Birthplace Del

Name of person giving Information J E Wise Jr 20 How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Suppression of Urine How long 4 days

Immediate Uraemic poisoning How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signeture of Physician Ebe Holland

Address Berlin Md

Resident of Cemetery

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